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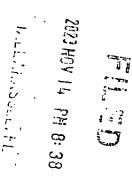
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EZbra INC.	
SUBJECT: E 2 bra 10C. Name of corporation - must i	nclude suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authoriz "Certificate of Existence;" or "Certificate of Good Standing" an above referenced foreign corporation to transact business in Flo	d check are submitted to register the
Please return all correspondence concerning this matter to the fo	ollowing:
Roy Heller	
Name of Person	
U.S. C.X Pansion G	FROUP
Firm/Company	
13346 conopy Grave Di	APT.315
Address	
Tampa Florida City/State and Zip c Roy @ US expansion	33625
City/State and Zip o	ode
Kuy @ usex Panslon	Group, Com
E-mail address: (to be used for future	e annual report notification)
For further information concerning this matter, please call:	
Roy Heller at (B13) Name of Person Area Code	766 4624
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303	Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STA	ATE
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75	Filing Fee & S \$87.50 Filing Fee. ied Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

١.	Ezbra Inc.	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CO" "Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.")	DRIPORATION,"
	EZ bra NC. (It name unavailable in Florida, enter alternate corporate name adopted for the purpos	se of transacting business in Florida)
2.		
	(State or country under the law of which it is incorporated) (FE)	
4.	$\frac{10/2/2023}{\text{(Date of incorporation)}}$ 5.	ation, if other than perpetual)
6.	(,, a.c.),	, , , , , , , , , , , , , , , , , , ,
7	(Date first transacted business in Florida, if prior to reg (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine 13346 Canopy Grove drive apt, (Principal office street address)	penalty liability) , ~ 1
	(Current mailing address, if different)	
8.	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> accepta	
Ol	Name: Roy Heller Tampa .Florida 2 (City)	3625 = 80 code) & 80

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

v. directors	
Recharman Name. ROW SHIV	L1Chairman Sume
(INice Chairman Address. 21/15 E11Shrand ST.	LJV ice Chairman Address.
ODITION Tel ALL , ISTael	DDirector
₩President	El President
DVice President	□Vice President
USceretary Ultreasurer	[]Secretary [] Treasurer
[]Other []Other	□Other □□Other
□Chairman Name:	DChairman Name:
□Vice Chairman Address:	□Vice Chairman Address
Lithrector	□Director .
(3)President	□President
□Vice President	□Vice President
□ Secretary □ Treasurer	ElSecretary El Freusurer
Other	
[ElChairman Name]	[]Chairman Name:
□Vice Chairman Address:	[]Chairman Name:
□Vice Chairman Address:	[]Vice Chairman Address
Director	□Vice Chairman Address
□Vice Chairman Address: □Director □President	Director Defendent
☐ Vice Chairman Address:	□ Vice Chairman Address □ Director □ President □ Vice President
□Vice Chairman Address:	Director
□ Vice Chairman Address:	□ Director
□ Vice Chairman Address:	□ Director
□ Vice Chairman Address:	□ Director
Director President Otice President Otice President Otice President Otice President Otice President Otice President Other Inportant Notice; Use an attachment to report more than six [6]. The attindividuals may be added to the index when filing your First Oxch Start St	Director Direct

Delaware

The First State

1. JEFFREY N BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EZBRA INC " IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF DECEMBER, A D 2023

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EZBRA INC." WAS INCORPORATED ON THE SECOND DAY OF OCTOBER, A D 2023

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE

2432721 8300 58# 20234197842

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Authenticutian 201797189 Date 12 12 23